## Vaccine Order Form, Page 1

Bring this original form along with a *Vaccine Usage* Report (either *Aggregate* or *Individual*) to your vaccine supplier when picking up your vaccine. Vaccines will only be released if vaccine usage reports are submitted with the original order form.

Site No		Sit	e Name			С	ontact	Person		946
	•					F	Phone I	Number		
and av	oid conta	ct with the e	se print caref edges of the bo an example:		3 4 5 6	7 8 9	0	To be completed by vac	cine distributor	
		Current Inventory (doses on hand)	Doses Used (from Usage Report)	Doses Lost or Expired *	Doses Given To Other Sites	Doses Requested		Doses Approved Date:  /  /  /  /  /		
	<b>B Pedi</b> years)						# Doses	Lot#	Exp. date	Manufacturer
DTal	P						# Doses		Exp. date	Manufacturer
IPV							# Doses	Lot#	Exp. date	Manufacturer
	IPV-HepB diarix)						# Doses	Lot#	Exp. date	Manufacturer
Hib							# Doses	Lot#	Exp. date	Manufacturer
PCV (Pneur	<b>7</b> mo.conj.)						# Doses	Lot#	Exp. date	Manufacturer
				1						

\*Please indicate the reason for vaccine doses lost or expired by using one of the following four codes in adjacent column above:

- A. Spoilage/damage due to break in cold chain or refrigeration
- B. Damaged/Contaminated vials

- C. Discarding of remaining doses in opened multi-dose vials
- D. Expiration before use

## Massachusetts Department of Public Health Immunization Program

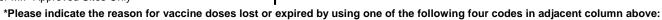
# Vaccine Order Form, Page 2

Site No	64544	<b>.</b>	
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### To be completed by vaccine distributor

	Current Inventory (doses on hand)	Doses Used (from Usage Report)	Doses Lost or Expired *	Doses Requested	Doses Approved  Date:  / / / / / / / / / / / / / / / / / / /	$\Box$	
MMR					# Doses Lot#	Exp. date	Manufacturer
DT					# Doses Lot#	Exp. date	Manufacturer
MCV4 (Mening.conj.)					# Doses Lot#	Exp. date	Manufacturer
Tdap (Booster)					# Doses Lot#	Exp. date	Manufacturer
Td					# Doses Lot#	Exp. date	Manufacturer
PPV23 (Pneumo.poly)					# Doses Lot#	Exp. date	Manufacturer
Hep B Adult (>20 years) <sup>1</sup>					# Doses Lot#	Exp. date	Manufacturer

<sup>&</sup>lt;sup>1</sup> For MIP Approved Sites Only



- A. Spoilage/damage due to break in cold chain or refrigeration
- C. Discarding of remaining doses in opened multi-dose vials

B. Damaged/Contaminated vials

	D.	Expiration	bef	ore	us
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Provider Signature